

NPM #14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a) Report of 2002 Major Activities

1. HealthCheck Outreach—Population-Based Services—Children

In 2002, our major activity to promote Medicaid children receiving a service paid by the Medicaid program was co-sponsorship of a large HealthCheck conference in October 2002. HealthCheck is Wisconsin's marketing name for the EPSDT program. It promotes an array of optimal screenings for children in order to prevent a number of health conditions. In cooperation with the Medicaid program, we have held this conference for three consecutive years, starting in 2000. Each year, it has drawn from 125 to more than 200 participants, mainly from local health departments and managed care firms. Managed care firms are charged with completing a certain percentage of HealthCheck screenings in their Medicaid managed care populations, or they are subject to financial penalties. Because of these incentives, managed care firms themselves have reason to perform their own outreach to ensure that children not only are enrolled, but receive optimal care.

These conferences come amid a trend of lowered percentages of Medicaid children who are enrolled in managed care programs. In 1998, 81.2% of Medicaid children were enrolled in managed care, whereas only about 72% were enrolled to receive managed care treatment in 2002. LPHDs have the opportunity to offer HealthCheck screenings for this growing non-managed care population. This would potentially offer health departments another source of revenue, as well as an opportunity to assure children's health.

b) Current 2003 Activities

1. HealthCheck Outreach—Population-Based Services—Children

The Title V MCH/CSHCN Program has contributed to increasing the number of Medicaid-enrolled children in several ways. We continue to lend support to various conferences that support public health and managed care collaboration regarding HealthCheck outreach. The HealthCheck screening program is widely considered a proxy for preventive health, and for "getting children into the system." Thus, promotion of this key program will likely translate to greater numbers of children receiving Medicaid services in the future. From a "macro" perspective, our continuing involvement with Wisconsin CKF, a Robert Wood Johnson grant, facilitates this process. As more children become enrolled in Medicaid, their names are entered into "outreach lists." Medicaid managed care firms then have a financial incentive to reach these children, and render appropriate services to them.

c) 2004 Plan/Application

1. HealthCheck Outreach—Population-Based Services—Children

In 2004, we may apply for BCBS asset conversion funds to execute a planning grant that will explore the opportunities for public health department to serve the growing percentage of Medicaid children in

fee-for-service Medicaid. Wisconsin's two Medical Schools will release their requests for proposals in late 2003 or early 2004. The University of Wisconsin Medical school will offer funding for \$10,000 planning grants. Such grants would fund a conference that could explore the need for HealthChecks in the fee-for-service environment.